

INSTRUCTIONS FOR REINSTATING YOUR UTILITY CONTRACTOR LICENSE

***If your license has been expired for more than 3 years, you must complete an Application for Reinstatement by Re-qualification.**

1. Complete the application form. Sign and mail the form with the fee of \$150.00 made payable to the "Georgia Construction Industry Licensing Board."
2. List the Certified Utility manager(s) employed by this business to supervise its utility work.
3. An incomplete or unsigned application will be returned, and your application will not be considered until the completed application and fee have been received.
4. Record your license number on your check or money order. Do not send cash. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to **O.C.G.A.** 16-9-20, and the application will be considered incomplete.
5. If the corporate name of your company has changed, enter the new name on the application form and attach documentation of the name change from the Secretary of State's Corporations Division. If the original licensed company no longer exists or the F.E.I.N. is new, the license cannot be reinstated.
6. You may update your mailing address with your reinstatement application. Please indicate if this is a new address.

**GEORGIA STATE CONSTRUCTION INDUSTRY LICENSING BOARD
DIVISION OF UTILITY CONTRACTORS**

237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-1416 [Telephone]
(478) 207-1425 [Fax]
www.sos.state.ga.us

Do Not Write In This Section

RECEIPT # _____
AMOUNT _____
APPLICANT # _____
DATE _____ INITIAL _____

**APPLICATION FOR REINSTATEMENT
UTILITY CONTRACTORS LICENSE**
FOR LICENSE LAPSED LESS THAN 3 YEARS

IS THIS A NEW ADDRESS? YES _____ NO _____ LICENSE NUMBER UC _____

COMPANY NAME: _____

F.E.I. NUMBER: _____
[For Identification, Law Enforcement, Statistical and Administrative Purposes]

MAILING ADDRESS: _____
Street City State Zip Code

IF YOUR MAILING ADDRESS IS A P.O. BOX

YOU MUST LIST A PHYSICAL ADDRESS: _____
Street City State Zip Code

BUSINESS PHONE: () _____ FAX: () _____ Email: _____

Type Of Business: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLP ☐ LLC

During the past 5 years, has any disciplinary action been taken against this company by any state board or other regulatory agency?
Yes _____ No _____ (If "yes," submit a copy of such action with your application.)

List the licensed Utility Manager(s) employed by your company to supervise utility work. In order to have your
Utility Contractor license reinstated, the qualifying manager must hold an active Utility Manager License

Name of Utility Manager

License Number

_____ UM _____

_____ UM _____

_____ UM _____

I, as an official of this company, certify that the above-named license holders are full-time employees of this company and are responsible for supervising utility work performed by this company. Furthermore, I am applying for reinstatement of my company's state Utility Contractor License. By signing below, I authorize the Board to receive from any criminal justice agency any criminal history information regarding me. Under perjury, I swear or affirm that the information that I have provided in this application is correct to the best of my knowledge.

Print Name _____

Signature _____

Title _____

Date _____